

Please type a plus sign (+) inside this box → [+]

PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OBM control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket Number																																			
		First Named Inventor		Takaaki KANAI																																	
		COMPLETE IF KNOWN																																			
		Application Number																																			
		Filing Date																																			
		Group Art Unit																																			
<input type="checkbox"/> Declaration Submitted With Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)		Examiner Name																																			
<p>As a below named inventor, I hereby declare that:</p> <p>My residence, post office address, and citizenship are as stated below next to my name.</p> <p>I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:</p> <p style="text-align: center;">MEASURING HEAD</p> <p style="text-align: center;">(Title of the Invention)</p> <p>the specification of which</p> <p><input type="checkbox"/> is attached hereto OR</p> <p><input checked="" type="checkbox"/> was filed on (MM/DD/YYYY) <u>07/22/2003</u> As United States Application Number or PCT International Application Number <u>PCT/JP03/09238</u> And was amended on (MM/DD/YYYY) _____ (If applicable).</p> <p>I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.</p> <p>I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.</p>																																					
<p>I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Prior Foreign Application Number(s)</th> <th rowspan="2">Country</th> <th rowspan="2">Foreign Filing Date (MM/DD/YYYY)</th> <th rowspan="2">Priority Not Claimed</th> <th colspan="2">Certified Copy Attached</th> </tr> <tr> <th>YES</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>2002-218120</td> <td>Japan</td> <td>07/26/2002</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>2003-33715</td> <td>Japan</td> <td>02/12/ 2003</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>						Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached		YES	No	2002-218120	Japan	07/26/2002	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2003-33715	Japan	02/12/ 2003	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached																																	
				YES	No																																
2002-218120	Japan	07/26/2002	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																
2003-33715	Japan	02/12/ 2003	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																
<p><input type="checkbox"/> Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:</p>																																					
<p>I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Application Number(s)</th> <th>Filing Date (MM/DD/YYYY)</th> <th rowspan="2"> <input type="checkbox"/> Additional provisional application Numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. </th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>						Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application Numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.																													
Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application Numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.																																			

Please type a plus sign (+) inside this box → [+]

PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OBM control number.

DECLARATION - Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

[] Additional U.S. or PCT international application numbers are listed on a supplemental priority date sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: [X] Customer Number 22204

OR

[X] Registered practitioner(s) name/registration number listed below.

Name	Registration Number	Name	Registration Number
Daniel W. Sixbey	20,932	Tim L. Brackett, Jr.	36,092
Stuart J. Friedman	24,312	Eric J. Robinson	38,285
Charles M. Leedom, Jr.	26,477	Robert M. Schulman	31,196
David S. Safran	27,997	Thomas M. Blasey	33,475
Thomas W. Cole	28,290	Daniel S. Song	43,143
Donald R. Studebaker	32,815	Marc S. Kaufman	35,212
Jeffrey L. Costellia	35,483	William J. Healey	36,160

Direct all correspondence to: [X] Customer Number 22204

Name: David S. Safran, Esq.

Firm: NIXON PEABODY LLP

Address: 8180 Greensboro Drive, Suite 800

City: McLean

State: VA

ZIP: 22102

Country: United States

Tel. (703) 770-9300 Fax. (703) 770-9400

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

[] A petition has been filed for this unsigned inventor.

Given Name (first and middle [if any])	Family Name or Surname
<u>Takaaki</u>	<u>KANAI</u>

Inventor's Signature:

Takaaki Kanai

Date:

January 11, 2008

Residence: City: Mitaka-shi

State:

Tokyo

Country:

Japan JPX

Citizenship: Japanese

Post Office Address: 7-1, Shimorenjaku 9-chome,

City: Mitaka-shi

State:

Tokyo

ZIP:

181-8515

Country:

Japan

[X] Additional inventors are being named on the 1 Supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box → [+]

PTO/SB/02A (3-97)

Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OBM control number.

DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>3</u> Of <u>3</u>	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.	
Given Name (first and middle [if any])		Family Name or Surname	
<u>Tomonori</u>		<u>SAKAUE</u>	
Inventor's Signature: <u>Tomonori Sakaue</u>		Date: <u>2005/1/11</u>	
Residence: City: <u>Mitaka-shi</u> State: <u>Tokyo</u> Country: <u>Japan JPX</u> Citizenship: <u>Japanese</u>			
Post Office Address <u>7-1, Shimorenjaku 9-chome,</u>			
City: <u>Mitaka-shi</u> State: <u>Tokyo</u> ZIP: <u>181-8515</u> Country: <u>Japan</u>			
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature:		Date:	
Residence: City:		State: Country: Japan Citizenship: Japanese	
Post Office Address			
City:		State: ZIP: Country: Japan	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature:		Date:	
Residence: City:		State: Country: Citizenship:	
Post Office Address			
City:		State: ZIP: Country:	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Office, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissions for Patents, Washington, DC 20231.